

BASE SYSTEM CIVILIAN EVALUATION REPORT

For use of this form, see AR 690-400; the proponent agency is ASA(M&RA)

PART I - ADMINISTRATIVE DATA

a. NAME <i>(Last, First, Middle Initial)</i>	b. SSN	c. POSITION TITLE, PAY PLAN, SERIES AND GRADE
d. ORGANIZATION/INSTALLATION		e. REASON FOR SUBMISSION <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL
f. PERIOD COVERED <i>(YYYYMMDD)</i> FROM THRU	g. RATED MOS. <input type="checkbox"/>	h. RATEE COPY <i>(Check one and date)</i> <input type="checkbox"/> GIVEN TO RATEE <input type="checkbox"/> FORWARDED TO RATEE

PART II - AUTHENTICATION

a. NAME OF RATER <i>(Last, First, Middle Initial)</i>	SIGNATURE	DATE
GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT		
b. NAME OF INTERMEDIATE RATER <i>(Optional)(Last, First, MI)</i>	SIGNATURE	DATE
GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT		
c. NAME OF SENIOR RATER <i>(Last, First, Middle Initial) (if used)</i>	SIGNATURE	DATE
GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT		
d. RATEE: I understand my signature does not constitute agreement or disagreement with the evaluations of the Rater and Senior Rater, and merely verifies Part I and Part IV data.	SIGNATURE OF RATEE	DATE

PART III - PERFORMANCE AWARD/QUALITY STEP INCREASE

PERCENT OF SALARY(EXCLUDES Locality Pay)	% <i>(OR)</i>	AWARD APPROVED BY
AMOUNT \$	<i>(OR)</i>	
QSI <i>(GS with Successful Level 1 Rating Only - minimum of 52 weeks must have elapsed since last QSI)</i> TO <i>(Grade/Step)</i>	DATE <i>(YYYYMMDD)</i>	FUND CITE

PART IV - DUTY DESCRIPTION *(Rater)*

a. DAILY DUTIES AND SCOPE <i>(To include as appropriate: people, equipment, facilities, and dollars).</i> Position Description is correct:	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
b. AREAS OF SPECIAL EMPHASIS				
c. COUNSELING DATES FROM CHECKLIST/RECORD	INITIAL	LATER <i>(Optional)</i>	MIDPOINT	LATER <i>(Optional)</i>

PART V - VALUES *(Rater)*

VALUES Loyalty Duty Respect Selfless service Honor Integrity Personal courage	BULLET COMMENTS
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